FORM NLRB-501 (3-21)

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **CHARGE AGAINST EMPLOYER**

DO NOT WRITE IN THIS SPACE				
Case		Date Filed		
	27-CA-289001	1/18/2022		

## INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.							
	OYER AGAINST WHOM CHARGE IS BROUGHT						
a. Name of Employer King Soopers	b. Tel. No. (303) 778-3261						
	c. Cell No.						
		f. Fax. No.					
d. Address (Street, city, state, and ZIP code) 65 Tejon Street Denver, CO 80223	e. Employer Representative Stephanie McClanahan	g. e-mail stephanie.mcclanahan@kingsoopers.com					
		h. Number of workers employed 500					
i. Type of Establishment (factory, mine, wholesaler, etc.) Retail Grocery							
The above-named employer has engaged in and is engaged	ing in unfair labor practices within the meaning of	section 8(a), subsections (1) and					
(list subsections) $8(a)(5)$ , $8(d)$	of the National L	abor Relations Act, and these unfair labor					
practices are practices affecting commerce within the mea	aning of the Act, or these unfair labor practices are	practices affecting commerce within the					
meaning of the Act and the Postal Reorganization Act.							
2. Basis of the Charge (set forth a clear and concise state On or about January 11, 2022, the Employer engag Offers for new collective bargaining agreements w Employer's previously-tendered offers.	ed in regressive bargaining by providing the	Union via e-mail "Last, Best, and Final"					
3. Full name of party filing charge (if labor organization, gi United Food and Commercial Workers Local 7	ve full name, including local name and number)						
4a. Address (Street and number, city, state, and ZIP code 7760 W. 38th Avenue Suite 400	)	4b. Tel. No. 303-425-0897					
Wheat Ridge, CO 80033	4c. Cell No. (b) (6), (b) (7)(C)						
	4d. Fax No. 303-424-2416						
	4e. e-mail (b) (6), (b) (7)(C)						
5. Full name of national or international labor organization United Food and Commercial Workers International	•	illed in when charge is filed by a labor organization)					
6. DECL/ I declare that I have read the above are true to the best of many	Tel. No. 303-425-0897						
are true to the best of my knowledge and belief. s/(b) (6), (b) (7)(C) (b) (6), (b) (7)(C)		Office, if any, Cell No. (b) (6), (b) (7)(C)					
(signature of representative or person making charge)	(Print/type name and title or office, if any)	Fax No. 303-424-2416					
Address 7760 W. 38th Ave, Suite 400, Wheat Ridge	e-mail (b) (6), (b) (7)(C)						

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set for the information are fully and the Endered Relations 24 Fed. 2002 The NL BR will feel the sequence of the information are fully set for the information are fully set for the information are fully sequence of the info set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

FORM NLRB-501 (3-21)

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
27-CA-289008	1/18/2022			

## INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.							
1. EMPL	OYER AGAINST W	HOM CHARGE IS BROUGHT					
a. Name of Employer King Soopers			b. Tel. No. (303) 778-3261				
	c. Cell No.						
			f. Fax. No.				
d. Address (Street, city, state, and ZIP code) 65 Tejon Street Denver, CO 80223	e. Employer Representa Stephanie McClanah	esentative anahan	g. e-mail stephanie.mcclanahan@kingsoopers.com				
			h. Number of workers employed 500				
i. Type of Establishment (factory, mine, wholesaler, etc.) Retail Grocery	j. Identify principal Grocery Store	product or service	·				
The above-named employer has engaged in and is engage	ging in unfair labor p	ractices within the meaning of	section 8(a), subsections (1) and				
(list subsections) (3)		_	abor Relations Act, and these unfair labor				
practices are practices affecting commerce within the mea	aning of the Act or t		•				
meaning of the Act and the Postal Reorganization Act.		-					
2. Basis of the Charge (set forth a clear and concise state Within the last six months, the Employer has interest by providing them with more than ministerial assis in an effort to get them to resign from the Union, in their health insurance, and by tracking employee re-	fered with, restrai stance to withdray ncluding by threa	ned, and coerced employee or from the Union, coercing, tening that members who do	s in the exercise of their Section 7 rights threatening and intimidating employees				
3. Full name of party filing charge <i>(if labor organization, g.</i> United Food and Commercial Workers Local 7	ive full name, includ	ing local name and number)					
4a. Address (Street and number, city, state, and ZIP code 7760 W. 38th Avenue Suite 400	4b. Tel. No. 303-425-0897						
Wheat Ridge, Colorado 80033	4c. Cell No. (b) (6), (b) (7)(C)						
	4d. Fax No. 303-424-2416						
			4e. e-mail (b) (6), (b) (7)(C)				
5. Full name of national or international labor organization United Food and Commercial Workers Internation			lled in when charge is filed by a labor organization)				
6. DECLARATION I declare that I have read the above charge and that the statements			Tel. No. 303-425-0897				
are true to the best of my knowledge a s/(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	Office, if any, Cell No. (b) (6), (b) (7)(C)				
(signature of representative or person making charge) (Print/type name and title or office, if any)			Fax No. 303-424-2416				
Address 7760 W. 38th Ave., Suite 400, Wheat Ric	e-mail (b) (6), (b) (7)(C)						
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